

Illinois Premise Alert Program Enrollment Form
Stephenson County ADA Inclusion Committee

Please Print Legibly

New

Change Information

Remove Information

Name: _____ Date of Birth: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone _____

Place of employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Facility: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

CHECK ALL THAT APPLY:

Mobility Issue:___ Visual Impairment:___ Hearing Impairment:___ Service Animal:___

Wheelchair/Walker:___ Oxygen Use:___ Ventilator:___ Dialysis:___ Language Barrier:___

Please List Other Special Needs: _____

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. This information will be kept confidential and on file for a period not to exceed two (2) years. If the information can not be confirmed upon expiration, the information will be removed from this database. It shall be the responsibility of the undersigned to notify Stephenson County E911 of any changes to this information as soon as those changes are known. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. By signing, I certify I have read and understand this form in its entirety and hereby give permission to Stephenson County E911 to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____

Relationship to Person: _____

Signed: _____

Date: _____

Please return completed form to Stephenson County ETSB, 320 W. Exchange St. Freeport, Illinois 61032